

## ARIZONA DEPARTMENT OF PUBLIC SAFETY **SECURITY GUARD UNARMED** TRAINING VERIFICATION

D.P.S.	Arizona Department of Public Safety
LICENSING	Mail Drop No. 1160
MAILING	P.O. Box 6328
<b>ADDRESS</b>	Phoenix, AZ 85005-6328

This form must be completed by a licensed security guard agency and attached to the applicant's security

SECURITY GUARD NAME			STATE LICENSE NUMBER		
STREET ADDRESS (INCLUDE APARTMENT NO.)	CITY	STATE	ZIP CODE	DATE OF BIRTH	
SIGNATURE OF SECURITY GUARD		D	ATE		
As required by A.R.S. §32-2632, the unarmed training program conducted		rity guard has co	ompleted the	e minimum 8-ho	
AGENCY NAME			AGENCY LICENSE NO.		
SIGNATURE OF QUALIFYING PARTY AND/OR RESIDENT MANA	AGER		ATE		
SIGNATURE OF TRAINER			ATE TRAINING COME	PLETED	
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TRAINING VERIFICATION  This form must be completed by a lice guard registration applications.		ADDRESS Phoe	Box 6328 nix, AZ 85005-6 ned to the ap		
SECURITY GUARD NAME			STATE LIG	CENSE NUMBER	
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STREET ADDRESS (INCLUDE APARTMENT NO.)	CITY	STATE	ZIP CODE	DATE OF BIRTH	
STREET ADDRESS (INCLUDE APARTMENT NO.) SIGNATURE OF SECURITY GUARD	CHY		ZIP CODE	DATE OF BIRTH	
SIGNATURE OF SECURITY GUARD  As required by A.R.S. §32-2632, the	e above named secu		ATE		
	e above named secu	rity guard has c	ATE	e minimum 8-ho	
SIGNATURE OF SECURITY GUARD  As required by A.R.S. §32-2632, the unarmed training program conducted	e above named secu l by:	rity guard has co	ATE Ompleted the	e minimum 8-ho	
SIGNATURE OF SECURITY GUARD  As required by A.R.S. §32-2632, the unarmed training program conducted AGENCY NAME	e above named secu l by:	rity guard has co	ATE  Ompleted the  GENCY LICENSE NO	e minimum 8-ho	